

CITY OF PLEASANT HILL

Police Department



VOLUNTEER PERSONAL HISTORY

Please print in ink or type your responses to this questionnaire.

| 1. Your Name | Last | | First | | Middle |
|---|--|------------------|-----------------|--|--|
| Please print or type | Other names (including nicknames) you have used or been known by: | | | | |
| 2. Address | Number Street | - | 7.1- | | |
| be contacted | City State | | | Zip Code | |
| 3. Phone Local number(s) It which you can | Hrs. you can be contacted | | | Hrs. you can be cont | acted: |
| be contacted | () | | | () | |
| 4. Birthdate onth Day Year | 5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? Yes No | | | | |
| | 6. Social Security Number | fiii arrotind | nce with the Fo | ederal Privacy Act of on purposes to ensu | 1974, disclosure is voluntary. The SSN re that proper records are obtained.) |
| | Height | Weight | 1 | Hair Color | Eye Color |
| 7. Physical characteristics or identification | Scars, tattoos, or other dist | inguishing marks | - 57 | | |
| purposes | | • | | | |

| If living, name of your: | Address where person can be contacted (include City, State and Zip Code) | Telephone at which person can be contacted (include area code) | |
|--------------------------|--|--|--|
| Father - | O Home | D Hom | |
| | D Work | O Work | |
| • | □ Other | □ Othe | |
| Mother | □ Horne | □ Hom | |
| | □ Work | □ Work | |
| | □ Other | □ Othe | |
| Father-in-Law | ☐ Home | D Home | |
| | □ Work | □ Work | |
| | Other | □ Othe | |
| Mother-in-Law | ☐ Horne | □ Hom | |
| | □ Work | □ Work | |
| | □ Other | Q Other | |
| Spouse | ☐ Home | □ Home | |
| | □ Work | © Work | |
| | □ Other | ☐ Other | |
| ormer Spouse(s) | □ Home | Q Home | |
| | □ Work | □ Work | |
| | C) Other | □ Other | |
| | □ Home | · 🖸 Home | |
| • | □ Work | □ Work | |
| | □ Other | [] Other | |

Experience and Employment (contid)

| From Mo./Yr. | To Mo./Yr. | Name of Employer | Telephone () | |
|-----------------|--|---|---|-------------------------|
| | | Address | City | State Zip |
| Title or | duties (for | identification purposes) | | Name of Supervisor |
| | | | | Name(s) of co-worker(s) |
| Reason | for leaving | | | |
| O Ful | l-time | □ Part-time □ Voluntary | | |
| From Mo. | ./Yr | To Mo./Yr | | nployed |
| From Mo./Yr. | To Mo./Yr. | Name of Employer | *************************************** | Telephone () |
| | | Address | City | State Zip |
| Title or d | uties (for i | dentification purposes) | ************************************** | Name of Supervisor |
| | | | | Name(s) of co-worker(s) |
| Reason f | or leaving | 4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | ······································ | |
| □ Full | -time | ☐ Part-time ☐ Voluntary | | |
| rom Mo./ | Yr | To Mo./Yr. | ☐ Military Service ☐ Not em | ployed |
| From Mo./Yr. | | Name of Employer | | Telephone () |
| TOTAL TARBUTA | | Address | City | State Zip |
| Title or di | ities (for id | entification purposes) | | Name of Supervisor |
| | | | | Name(s) of co-worker(s) |
| Reason to | or leaving | | | |
| O Full- | time C | Part-time | | |
| rom Mo./` | Yr | To Mo./Yr. | ☐ Military Service ☐ Not em | ployed |
| From Mo./Yr. | To Mo./Yr. | Name of Employer | | Telephone () |
| | 7 | Address | City | State Zip |
| itle or du | ties (for ide | entification purposes) | | Name of Supervisor |
| | THE COMPANY OF THE CO | | | Name(s) of co-worker(s) |
| eason for | rleaving | | | |
| □ Full-ti | me O | Part-time D Voluntary | | |
| | | | | |

From Mo./Yr.
To Mo./Yr.
Not employed

| ob. If there is any | ything you wish to discuss | s about your driving record, please use the space below. | |
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| 39. Has your ticer if "yes," please | nse ever been suspended g give details (include wha | f, revoked, or placed on negligent operator's probation? \Box Yes \Box No at, when, where, why). | |
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| | | | |
| eneral In | formation | | |
| . Have you ever | been refused insurance f | for any reason other than failure to pay a premium? Yes No y name and address, date, and reason). | |
| . Have you ever | been refused insurance f | for any reason other than failure to pay a premium? Yes No y name and address, date, and reason). | |
| . Have you ever | been refused insurance f | for any reason other than failure to pay a premium? Yes No y name and address, date, and reason). | |
| Have you ever if "yes," please | been refused insurance f explain (include compan) | y name and address, date, and reason). ITV a concealed weapon? D Yes D No. | |
| Have you ever if "yes," please Have you ever a if "yes," please print granted? | been refused insurance fexplain (include company | y name and address, date, and reason). ITV a concealed weapon? D Yes D No. | |
| Have you ever if "yes," please Have you ever a if "yes," please print granted? Yes □ No | been refused insurance frexplain (include company | rry a concealed weapon? Yes No rmation: | |
| Have you ever if "yes," please Have you ever a if "yes," please print granted? Yes □ No | been refused insurance frexplain (include company | rry a concealed weapon? Yes No rmation: | |
| Have you ever if "yes," please Have you ever a if "yes," please print granted? Yes □ No | been refused insurance frexplain (include company | rry a concealed weapon? Yes No rmation: | |
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| Have you ever if "yes," please Have you ever a if "yes," please print granted? Yes \(\square\) No | been refused insurance frexplain (include company | rry a concealed weapon? Yes No rmation: | |
| . Have you ever if "yes," please | been refused insurance frexplain (include company | rry a concealed weapon? Yes No rmation: | |
| Have you ever if "yes," please Have you ever a if "yes," please print granted? Yes □ No | been refused insurance frexplain (include company | rry a concealed weapon? Yes No rmation: | |
| Have you ever if "yes," please Have you ever a if "yes," please print granted? Yes \(\subseteq \) No pose | been refused insurance frexplain (include company | rry a concealed weapon? Yes No rmation: | |

| Please describe any work expe assignment at the Police Depart | ience, volunteer work, or otr ment: | er life experiences which would a | apply to a volunteer |
|--|---|--|--|
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| ما به م ن های ای ایک ماد باشانید و چه پای این میکنند باشانید باشانید با | ر المراجع والمناطقة والمناطة والمناطقة والمنا | | |
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| | CERTIFICATE | OF APPLICANT | |
| I certify that the information sho subject me to disqualification or to verification by the City of P1 | wn is true, complete and corr dismissal. I further understa | ect to the best of my knowledge, and any or all information included | and that misstatements may on this application is subject |
| | SiGNATURE | | DATE |